PTO/SB/17 (12-04v2)
Approved for use through 7/31/2006. OMB 0651-0032
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Effective on 12/	Complete if Known										
Effective on 12/0	Application Number 0		09/840,795								
FEE TRANS	Filing Date A		April 23, 2001								
	First Named Inventor E		Erin E. MURPHY								
For FY 2	Examiner Name Ei		Eileen O'Hara								
Applicant claims small entity st	Art Unit 10		1646								
TOTAL AMOUNT OF PAYMENT	Attorney Docke	t No.	14094200040	1							
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
x Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17											
FEE CALCULATION											
1. BASIC FILING, SEARCH, AND	EXAMINAT	ION FEES									
i i	FILING FE	ES SEA	ARCH FEES		IATION FEES	•					
Application Type Fee		Entity	Small Entity		Small Entity	Fees Pa	aid (\$)				
Application Type Fee Utility 30		<u>e (\$) </u>	Fee (\$) 250	Fee (\$) 200	Fee (\$) 100	rees r	<u> 11u (φ)</u> .				
1 1				`							
Design 20		00 100	50	130	65						
Plant 20		00 300	150	160	80						
Reissue 30		50 500	250	600	300						
Provisional 20	0 1	00 0	0	0	0						
2. EXCESS CLAIM FEES						Fee (\$)	Small Entity Fee (\$)				
Fee Description											
Each claim over 20 (including Reissues)						50	25				
Each independent claim over 3 (in	ssues)				200	100					
Multiple dependent claims				360	180						
Total Claims Extra Claims	Paid (\$) Multiple Depen										
	x	- "		<u>Fe</u>	<u>e (\$) </u>	ee Paid (\$)					
Indep. Claims Extra Claims	Fee (\$)	Fee P	aid (\$)				- ,				
- =	x -35(4)										
3. APPLICATION SIZE FEE		•									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer											
listings under 37 CFR 1.52(e)), the applic	ation size fee due	e is \$250 (\$125	for small en	ntity) for each a	dditional 50					
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
<u>Total Sheets</u> <u>Extra She</u>	<u>ets</u>	Number of each ac	iditional 50 or fra	ction thereo	f <u>Fee (\$)</u>	Fee P	aid (\$)				
100 = /50 (round up to a whole number) x =											
4. OTHER FEE(S) Fees Paid (\$)											
Non-English Specification, \$130 fee (no small entity discount)											
Other (e.g., late filing surcharge): 1251: Extension for response within first month							120.00				
SUBMITTED BY											
Signature Registration No. (Attorney/Agent) 51,804					Telephone	elephone (858) 720-7955					
Name (Print/Type) Laurie L. Hill				-	Date	March 30	, 2005				

PTO/SB/22 (12-04) pproved for use through 7/31/2006. OMB 0651-0031

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PETITION FOR EXTENSION OF TIME UNDER	Docket Number	Docket Number (Optional)			
FY 2005 (Fees pursuant to the Consolidated Appropriations Ac	et. 2005 (H.R. 4818).)	14	10942000401		
For BINDING COMPOUNDS FOR A RANK-LIK	Œ PROTEIN (AMENI	DED)			
Art Unit 1646	t Unit 1646				
This is a request under the provisions of 37 CFR 1. identified application.	, ,				
The requested extension and fee are as follows (ch	neck time period desi	ired and enter the	appropriate fee belo	w):	
	<u>Fee</u>	Small Entity F		_	
X One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 120.0	<u> </u>	
Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$		
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$		
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$	_	
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$		
Applicant claims small entity status. See 37	7 CFR 1.27.		-	_	
A check in the amount of the fee is enclosed					
Payment by credit card. Form PTO-2038 is					
The Director has already been authorized to		application to a De	enosit Account.		
The Director is hereby authorized to charge Deposit Account Number 03-1952	any fees which may I have enclose	be required, or creed a duplicate copy	redit any overpaymen	ıt, to	
I am the applicant/inventor.					
assignee of record of the ent			96).		
attorney or agent of record.	Registration Number	r			
x attorney or agent under 37 C					
Registration number if active	under 37 CFR 1.34	51,804	·		
- Xauni XM	<i>\(\begin{align*} </i>	Ma	arch 30, 2005	_	
Signature /			Date		
/ Laurie L. Hill ' Typed or printed name		(858) 720-7955 Telephone Number			
21	40.46	·			
NOTE: Signatures of all the inventors or assignees of record of th than one signature is required, see below.	ie entire interest or their repre	esentative(s) are required	d. Submit multiple forms if m	iore	
X Total of 1 forms are subm	mitted.				

04/04/2005 CNGUYEN 00000008 031952 09840795

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